

WHAT'S HAPPENING WEDNESDAY

Kansas Immunization Program

May 22, 2019

VFC Consultant On-Call

The Consultant On-Call can be reached Monday—Friday, 8 a.m.—5 p.m. at 785-296-5592.



CHIEF CHAT

On May 17, the Centers for Disease Control and Prevention (CDC) issued a letter to help clarify MMR vaccine recommendations for adults. Excerpts from the letter may be found on [page 3](#) of this newsletter. Key points for providers include:

- *Providers do not need to actively screen adult patients for measles immunity. This is because of high population immunity and low risk of disease among adults in non-outbreak areas in the U.S.*
- *Providers should make sure patients have measles protection before international travel. U.S. residents traveling internationally are at high risk for acquiring measles abroad. They can also transmit measles to susceptible persons, such as infants, when they return home.*
- *If a patient is traveling internationally and measles immunity is unknown, providers should vaccinate, unless there are contraindications. Serologic testing for measles immunity is not recommended.*
- *During outbreaks, providers should consult with local health departments for the most up-to-date recommendations for their community. This may include additional doses of MMR for your patients.*

special alert was sent out by the Vaccines For Children manager, Allison Alejos, on May 23 offering Tdap vaccine to local health departments. In this alert we communicated a deadline of 3 p.m. on May 23 for any requests to be received, if needed prior to the holiday weekend. Additional requests may be submitted as needed but the next shipments from the CDC will not arrive until Wednesday, May 29th due to the Memorial Day holiday shipping schedule. We will be working with partners as needed to move vaccine to impacted areas, as quickly as possible, to meet the needs of Kansans. In accordance with the current CDC guidelines, responders should receive a tetanus booster if they have not been vaccinated for tetanus during the past 10 years. Td (tetanus/diphtheria) or Tdap (tetanus/diphtheria/pertussis) can be used; getting the Tdap formula for one tetanus booster during adulthood is recommended to maintain protection against pertussis. **While documentation of vaccination history is preferred, it should not be a prerequisite to vaccinate.**

Due to the widespread flooding and anticipated increase in water levels across many areas of the state, a



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**What's Happening
Wednesday will not be
published May 29 due to the
short holiday week.**



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INJECTION OF EDUCATION

How much time per day do you spend on your smart phone or tablet? These devices connect us to the world, our friends and family, and help us pass the time (sometimes a lot more time than we intended). Because our smart phones and other devices have become so commonplace in our lives, let's take a look at some apps that we have highlighted in previous *What's Happening Wednesday* issues, in case you might have missed them.

CDC Vaccine Schedules – The CDC has created a tool to keep child, adolescent, and adult immunization schedules at your fingertips. This app also includes additional information on contraindications, precautions, and links to other CDC resources. Not sure about the catch-up schedule? When you click on a specific vaccine note section, you will be able to quickly review vaccine indications. Version 6.0.1 now includes the 2019 schedule and footnotes.

HPV Vaccine: Same Way, Same Day – Want to practice your HPV vaccine discussion skills or challenge yourself with parent questions? This app allows you to practice your vaccine recommendations and address vaccine hesitant parents through role play. The app was developed by the Academic Pediatric Association, the American Academy of Pediatrics, and Kognito.

PneumoRecs VaxAdvisor - By entering patient age, pertinent medical history, and previous vaccines received, the *PneumoRecs VaxAdvisor* will provide general pneumonia vaccine recommendations specific to your patient. The app was developed by the CDC and information is based on the Advisory Committee on Immunization Practices (ACIP) pneumonia recommendations.

The Vaccine Handbook (The Purple Book) – The complete 7th edition text of *The Purple Book* written by Gary Marshal, M.D. is included within the app, allowing the user to scroll through different topics such as vaccinology, vaccine practices, vaccine concerns, and disease information.

Vaccines on the Go: What you Should Know – An app designed as a resource for parents by The Vaccine Education Center at The Children's Hospital of Philadelphia. Specific vaccines and the diseases they protect against are easily accessible through this app. Want more information on vaccine safety, ingredients, or the vaccine schedule? This app addresses each of those topics and also offers informational videos. There are even a few games to help pass the time.

Influenza Surveillance May 22



Influenza activity has returned to baseline levels across Kansas. The Influenza-like Illness Surveillance Network (ILINet) sites monitor patients for influenza-like illness (ILI) – symptoms include a fever ($\geq 100^{\circ}\text{F}$) and the presence of a cough and/or sore throat. During the week ending May 11, ILINet sites reported 0.8% of visits were due to ILI. Syndromic surveillance indicated 1.2% of visits to emergency departments in Kansas were due to ILI. All data is subject to change. The Kansas Health and Environmental Laboratories has detected A/H3 in 152 specimens, A/H1 in 67 specimens, influenza A (not subtyped) in three specimens and one influenza B (Victoria) specimen. Thirty-four influenza outbreaks have been reported to KDHE this season. Stay updated on influenza activity at <http://www.kdheks.gov/flu/surveillance.htm>.



Updates and Responses About Measles Outbreaks in the U.S.

Due to the current increase in measles cases in the United States (<https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm>), the Centers for Disease Control and Prevention has developed the following summary for vaccination of adults against measles with measles, mumps, rubella (MMR) vaccine. **Recommendations for vaccination and assessing immunity in adults have not changed** since publication of the Advisory Committee on Immunization Practices (ACIP) recommendations for the Prevention of Measles, Rubella, Congenital Rubella syndrome, and Mumps in June 2013. (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>)

Measles is an acute viral illness characterized by a prodrome of fever, cough, coryza, and conjunctivitis, followed by a maculopapular rash. The rash spreads from the head to trunk to the lower extremities. Measles is usually a mild or moderately severe illness, however, measles can result in complications such as pneumonia, encephalitis, and death.

Most adults in the U.S. are at low risk for measles. In general, providers do not need to actively screen low-risk adult patients for measles in non-outbreak areas in the U.S. From 2001-2015, the annual reported incidence for adults ≥ 18 years of age was $<0.5/1,000,000$ population (Clemmons et al, JAMA 2017). Further, seroprevalence of measles immunoglobulin G (IgG) in the U.S. for persons 20-49 years of age ranges from 87.9% to 93.3%, suggesting high immunity among U.S. adults (Lebo et al., OFID 2017). From January 1 to May 10, 2019, 839 cases were reported to CDC. Of these, 218 (26%) measles cases were reported in adults ≥ 18 years of age. Among all adult cases, 65% were associated with outbreaks in underimmunized close-knit communities in two states (NY and WA).

Certain adults are considered to be at high risk for either acquiring measles and/or transmitting disease to vulnerable persons. High risk adults include:

- students at post-high school educational institutions
- healthcare personnel
- international travelers to any country outside the United States

High-risk adults need written documentation of two doses of MMR vaccine (each dose separated by at least 28 days), or other presumptive evidence of immunity.

Other presumptive evidence of measles immunity includes:

- Birth before 1957
- Laboratory evidence of immunity
- Laboratory confirmation of disease

Healthcare facilities should consider vaccination of healthcare personnel born before 1957 with two doses of MMR who lack laboratory evidence of immunity or laboratory confirmation of disease.

During outbreaks, health departments may provide additional recommendations to protect their communities. The at-risk population is defined by local and state health departments, depending on the epidemiology of the outbreak. Thus, if the outbreak is affecting adults with community-wide transmission and ongoing risk of exposure to adults, a second dose should be considered for adults in these affected areas (including visitors) who have previously received one dose. During an outbreak of measles in a health-care facility, or in healthcare facilities serving a measles outbreak area, two doses of MMR vaccine are recommended for healthcare personnel regardless of birth year who lack other presumptive evidence of measles immunity. There are no recommendations to receive a third dose of MMR vaccine during measles outbreaks.

One dose of MMR vaccine, or other presumptive evidence of immunity (listed above), is sufficient for other U.S. adults. Some adults may have received a killed measles vaccine during the 1960s. The killed measles vaccine was available from 1963 to 1967 and administered to less than 5% of adults. The ACIP recommendation is to re-vaccinate anyone who received the killed vaccine or vaccine of unknown type. However, this only affects a very small proportion of adults who were vaccinated during those years. There is no recommendation for a catch-up program among adults for a second dose of MMR (e.g., persons born before or after 1989).

If a patient's measles immunity is unknown, providers should vaccinate with MMR, unless there are contraindications. Contraindications to MMR vaccination include a history of severe allergic reaction to any component of the vaccine, pregnancy, and immunosuppression. MMR vaccine is safe, even if given to persons who were previously vaccinated or had prior disease. IgG serologic testing to assess measles immunity is NOT recommended during this period of increased measles activity. IgM testing should ONLY be used for patients suspected to have measles.

We hope that you find this information helpful. Additional information can be found at cdc.gov/measles/hcp.



2019 Kansas Immunization Conference

We are pleased to announce that the hotel contracts have been signed and room blocks are now available at seven hotels in Salina for the 2019 Kansas Immunization Conference. Please see the chart below for a list of hotels and details related to number of rooms in our block, room rate and deadline for guaranteed rate. Note that rooms will book quickly in Salina, particularly for the last night as the annual River Festival will follow our conference. When booking, please mention the Kansas Immunization Conference to get the rate listed.

Hotel	Rooms	Rate	Deadline	Phone
Country Inn and Suites	43	\$82	6/1/2019	785-827-1271
Hampton Inn	90	\$129	5/27/2019	785-823-9800

New Information: We are now less than a month away from the 2019 Kansas Immunization Conference. **If you completed your registration prior to May 8, you should have received a survey from the conference logistics team.** This survey serves two purposes. First, it will capture your selections for the breakout sessions and second will request your t-shirt size. We will be providing a conference t-shirt this year to all participants registered by May 31 with the conference logo on it. Please watch for this survey and complete it as quickly as possible. If you have not registered yet, we encourage you to do so now.

2019 KANSAS IMMUNIZATION CONFERENCE

VACCINES CAUSE ADULTS

JUNE 11-13, 2019

Tony's Pizza Event Center
800 The Midway | Salina, Kansas

Kansas
Department of Health
and Environment

FOR MORE INFORMATION
KU Area Health Education Center
(620) 235-4040
Brochure to follow.

[Click here to register today](#)



KAFP Annual Meeting offers valuable CME for your practice

June 6-8 | Wichita, Kansas



Connect. Interact. Learn.

**Annual Meeting | June 6-8, 2019
Wichita, Kansas**

Kansas Academy of Family Physicians (KAFP) invites you to the 2019 KAFP Annual Meeting: "Connect. Interact. Learn." June 6-8 at the Wichita Marriott. This is your opportunity to network with fellow family physicians, participate in Academy business and earn up to 20.5 CME credits. KAFP is pleased to offer a pre-conference session 'MAT Waiver Training' on June 5, free for KAFP members and only \$50 for non-members. Register for the MAT Waiver training with your Annual Meeting registration [\[click here\]](#) or as a separate event [\[click here\]](#). Visit www.kafponline.org/annualmeeting/ for Annual Meeting schedule, registration and more!

June 5 | 1 – 5:30 p.m.

Pre-Conference Session:
MAT Waiver Training

June 6-8

KAFP Annual Meeting
Connect. Interact. Learn.
Wichita Marriott, Wichita, KS

CME sessions encompass social determinants of health, wound care, smart technology with children, long acting reversible contraception, POCUS, prostate cancer, COPD, obesity, diabetes, pediatrics, lupus and more. [View the full schedule here.](#)

Please contact the KAFP office at 316-721-9005 or e-mail kafp@kafponline.org with questions about the meeting or registration. We hope you will join us to Connect. Interact. Learn!

KAFP gratefully acknowledges educational support from these funders:

- *Herb Doubek MD Medical Student Success Fund
- *Verlyn Steinkruger MD Memorial Lectureship
- *United Methodist Health Ministry Fund
- *CKF Addiction Treatment
- *Support of \$1,000+

Thank you to all supporters and exhibitors, listed on the [KAFP website](#).

This Live activity, Kansas-AFP 2019 Annual Meeting, with a beginning date of June 5, has been reviewed and is acceptable for up to 20.50 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Click here to [register today!](#)